Q&A: A safety-net physician discovers her power to help patients

APR 24, 2023

Timothy M. Smith
Contributing News Writer
Listen to this article.

AMA NEWS WIRE™
Q&A: A safety-net physician discovers her power to help patients

Apr 21, 2023

Amna Khan, MD, learned early on how inequitable access to care can have a life-changing impact.

“My father suffered a serious illness when I was quite young, and lots of financial hardships came out of it,” Dr. Khan said. “So as a teenager, I was already acquainted with the issue of health care access, especially for people who have different cultural and religious needs. I remember internalizing all of that and realizing there were so many ways my family could have had a better experience with the health care system.”

A first-generation American born to a Pakistani father and a Salvadoran mother, as an undergraduate Dr. Khan volunteered at a University of California, Davis, School of Medicine clinic for undocumented immigrants. Most were from Spanish-speaking countries and, because of their immigration status, reluctant to seek medical care. Dr. Khan applied, interviewed and was accepted, and she expected to simply use her fluency in Spanish to serve as a translator.

“Almost from the moment I set foot in that Saturday clinic, I was profoundly moved by the things I saw,” said Dr. Khan, now a pediatrician at Santa Clara Valley Medical Center, in San Jose, California. “Seeing people come through the door because there was no other place they felt they could safely go was astounding. To me, it was the intersection of social justice and health care. And that was really the only reason I went into medicine.”
Amna Khan, MD

Advancing health equity has remained central to Dr. Khan’s work ever since. So when a friend last year notified her about the open-application process for the second cohort of the Medical Justice in Advocacy Fellowship, an education initiative from the AMA and the Satcher Health Leadership Institute at the Morehouse School of Medicine, she took note of it.

“I have to say, I was a little intimidated,” she said. “I’m not an academic physician, and many of the first cohort’s fellows were incredibly accomplished researchers. I thought: ‘I’m a community doctor. I don’t know if this is for me.’ But I decided I had to go for it because applying for the fellowship was a process of discernment for me. It was a process of understanding how far I’d come and where I still wanted to go.”

About halfway through the fellowship, on the heels of the 2023 AMA National Advocacy Conference, in Washington, where she and the other members of the second cohort made visits to congressional offices, Dr. Khan spoke about how it is giving new potency to her longstanding efforts to achieve medical justice.

At the top of that list: It has opened her eyes to advocacy opportunities in her own backyard.

AMA: After graduating from the University of California, San Francisco, School of Medicine (UCSF), you stayed home to do your residency at Stanford. What drew you to that program?

Dr. Khan: It was pretty simple: Anytime I was asked where I wanted to learn, it was always at the county hospital. Even during medical school, when there was an opportunity to spend more time at the local county hospital, San Francisco General, or more time in academic medicine at UCSF and their satellite clinics, I was always certain I wanted to learn and train at the county.
I went to Stanford because I knew I would get a chance to do rotations at Santa Clara Valley Medical Center. It gave me the opportunity to do what we call “bread and butter pediatrics,” where you are caring for the most common medical illnesses that affect children within a very large, diverse community—mostly first-generation, refugee and asylee kids—from very diverse backgrounds. I knew that would be such a robust education.

Plus, Santa Clara County is one of the largest counties in the state of California, and Santa Clara Valley Medical Center is the second-largest public safety-net hospital in California. We take care of 2 million patients. It's a huge area, from Mountain View to Milpitas and all the way down to Gilroy. It is touted as the most diverse county in the state.

**AMA:** And you’ve been at Santa Clara Valley Medical Center ever since. What’s it like?

**Dr. Khan:** When I was graduating from residency and looking for a job, there was no question that I wanted to continue working at Santa Clara Valley. I knew it would bring me true professional satisfaction. I’ve been there for the last 10 years; it'll be 11 years in July.

My patients are incredibly resilient but equally vulnerable to all the social and political determinants of health, and all of those determinants of health are heavily influenced by racism. No question. So as a pediatrician, I can go into work every day and put a bandaid on a gaping wound, or I can also start addressing the upstream issues that created the wound in the first place.

Also, I consider my particular job a really important one. As a primary care doctor, I am the interface of the community to medical care if it’s done correctly. Families and patients shouldn't go through the emergency room; it should go through me for their preventative care and when they are sick. I’m cultivating longstanding relationships with families—that’s my job.

Now that my panel is 11 years old, I’ve had the real privilege of seeing babies turn into tweens. And even though I take care of kids, I also recognize that I'm taking care of mothers, taking care of families. The biggest compliment I can get is when I hear a mother say, “I’m having another baby, and I told them in the hospital when I delivered that Dr. Khan is our doctor.”

**AMA:** Getting back to your point about working upstream, how have you woven advocacy into your work?

**Dr. Khan:** I've been doing advocacy since the beginning—it really is the reason why I went into medicine. But when I went to medical school, we might have heard of social determinants of health, but there was no real education on racism and its influence on all the social and political determinants of health. I recognize now that this is what I’ve been working on all along, but I just didn’t have the language to put it all together.
A turning point came about three years ago, in the summer of 2020, when we were knee-deep in COVID-19 and we were also having a brutal racial reckoning in America. I have a dear friend who is also a Latinx physician and works in my same department. I called her one day and all I said to her was, “How are you?” and she broke down crying. We knew in that moment that we were all equally suffering so much, but we weren’t talking to each other about our professional responsibility to challenge racism within medicine. We had to do something.

So a group of us at work stood up and said: No more. ... Out of that conversation, we went home and drafted a letter to our colleagues. The letter focused on how the effects of COVID-19 and the public murder of George Floyd was a call to action to us as pediatricians, as physicians, as humans. It is our responsibility as physicians to break down the bricks that create the pillars of systemic racism in healthcare.

Every single person that worked in our medical institution received that call-to-action letter, and from that work, Pedi POWER was born. POWER is an acronym that stands for Pediatricians Organizing and Working to End Racism. It’s our medical institution’s first ever physician-led, anti-racism working group. It’s also a promise that we have made to ourselves and to each other about how we will no longer be silent, how we will consider equity in every patient encounter and how we will develop community advocacy projects, education, workforce development and research through an anti-racist lens.

**AMA:** So what attracted you to the Medical Justice in Advocacy Fellowship?

**Dr. Khan:** When I was selected for the fellowship, I was thrilled because I really wanted more time and education to think about advocacy, and I knew that whatever I learned from it I would bring back to my organization.

What it’s offering us is a comprehensive look at how powerful our platform as a physician is. Everybody has things that they’re naturally inclined towards, whether it’s research or community advocacy or policymaking, and not all of us do all of those things. I’m inclined to be in the community and educate—those things are natural to me and I will always gravitate towards them. But when it comes to policy and research, I have never had formal instruction on those things.

**AMA:** What are some of those tools?

**Dr. Khan:** The 2023 AMA National Advocacy Conference was the first opportunity I had ever had to advocate at the federal level, and it was incredibly inspirational because it opened my eyes to how I can speak louder and more powerfully. I said to myself: If I'm here at the federal level doing these things, why haven't I gone to my board of supervisors in Santa Clara County and introduced myself? They need to know who I am.
Santa Clara County declared that racism was a public health crisis when George Floyd was murdered, and if they really stand by that, then they need to know that there is this group of pediatricians—who are all women and mostly women of color—who during the worst stretches of the COVID-19 pandemic had to homeschool their kids, had to come to work with no vaccines, and who have self-selected to challenge racism within healthcare because we couldn't bear the status quo.

The conference also revealed to me, for the first time, the duality of making a relationship with a legislator. At first, you ask them for help on an issue you are promoting, but then a relationship forms and they start asking for your opinion and for you to help them with things. I thought: This is exactly what I want in our county! I want them to look to us for guidance on taking care of kids comprehensively and holistically.

**AMA:** What else would you like physicians who might consider applying for the fellowship to know?

**Dr. Khan:** For starters, meeting the other fellows has been an incredible source of support. Coming into it, I thought: I'm going to show up and be in the worst situation because I'm making this up as I go at a medical institution that does not have much support for health equity work.

But in that first meeting, it was obvious that that’s a problem everyone is facing. There was instantaneous friendship. In fact, when I look around at my fellows, I realize I want to be just like them. When I see how much they struggle and how much they get up and keep going—even in very challenging circumstances—I see that those are the people I want to emulate and support.

Also, being an underrepresented person of color in medicine, there’s a little voice inside my head that says: What do you have to say? Nobody wants to hear from you. You're lucky you're even here.

I am actively pushing back on the messages that medicine has relayed to me over the years. The fellowship is teaching me that I not only most definitely have something important to say, but medicine as a profession is lucky to have me for my heartfelt humanity and tenacity to push this health equity agenda forward.